

**Medication List
(County Clinic Only)**

WHEN:	Alternative method for documenting medications administered or discontinued.
ON WHOM:	All clients for whom medication is prescribed.
COMPLETED BY:	MD/DO
MODE OF COMPLETION:	Legibly handwritten, typed or word processed on form HHSA:MHS-997. Must write accompanying progress note when using HHSA:MHS-997.
REQUIRED ELEMENTS:	Date of service, medication and the name of the prescribing physician. Discontinued information.